

COVID-19 ATTENDANCE EXEMPTION FORM
REQUESTED for the Month of _____, 2020

Program Name: _____

Person Completing Request: _____

Position of Person Completing Request _____

Reason for exemption (check as many as apply):

_____ Low student attendance due to epidemic

Dates of low attendance: _____

_____ Forced closure by local health department or local unit of government

Dates of closure: _____

_____ Forced closure due to presence of COVID-19 exposure

Dates of closure: _____

_____ Voluntary closure based on decision of _____ Owner _____ Board (check one)

Dates of closure: _____

I certify this is a true and actual accounting of the monthly attendance for my program and I understand that by requesting full payment for eligible days of care I agree to pay my staff for all scheduled work hours, regardless of closure or reductions in services.

Signature of Authorized Representative